



# Increased uptake of HIV prevention services among people who inject drugs

## Findings from the Hridaya impact assessment study in India

### Authors

Viswanathan A, G Charanjit Sharma, Simon W Beddoe, Sonal Mehta, James Robertson

India HIV/AIDS Alliance, New Delhi



### Background

Injecting drug use remains a significant route of HIV transmission in India. The Indian government currently reports the population of people who inject drugs (PWID) to be approximately 200,000, with an estimated HIV prevalence of 9.9% (NACO, IBBS 2014-15). India HIV/AIDS Alliance operates the Hridaya programme in five Indian states as part of the international Dutch government funded Community Action on Harm Reduction (CAHR) initiative. The programme strengthens harm reduction services for PWID and their close contacts by providing additional services along with government-supported Targeted Interventions for HIV prevention among key populations, including PWID.

Harm Reduction Elements in India's National HIV Prevention Strategy	Additional Harm Reduction Services from Hridaya
Adopted by National AIDS Control Organisation towards prevention of HIV among PWID in India during NACP IV	<b>Direct support</b> <ul style="list-style-type: none"><li>PLHIV emergency support</li><li>Peer progression support</li><li>Life saving support</li><li>Crisis response support</li></ul>
Targeted Intervention prevention services for PWID: <ul style="list-style-type: none"><li>Community-led outreach services to PWID</li><li>Drop-in centres</li><li>OST (Buprenorphine)</li><li>Behaviour Change Communication</li><li>Information Education Communication</li><li>Needle and Syringe Exchange Programme</li><li>Condoms</li><li>Static clinic providing STI/abscess management serices</li><li>Community mobilisation</li><li>Referrals to HIV services</li></ul>	<b>Education</b> <ul style="list-style-type: none"><li>Hepatitis</li><li>Overdose</li><li>OST</li><li>Legal rights</li><li>Family meetings and support for Female PWID and spouses</li><li>Sexual Reproductive Health</li><li>Support Groups</li><li>Positive Prevention</li></ul> <b>Referrals and linkages</b> <ul style="list-style-type: none"><li>Detoxification</li><li>Nutrition</li><li>Social entitlements</li><li>Hepatitis</li><li>SRH services</li><li>Positive Prevention</li><li>Tuberculosis</li><li>Integrated Counselling and Testing Centers/Pre-ART for spouses</li><li>STI management for spouses</li></ul>

### Methods

Cross-sectional baseline (2012) and impact assessment (2014) surveys were conducted following three years of programme implementation. PWID were selected for interviews through systematic random sampling using client information from partner NGOs at selected sites. A total of 600 semi-structured interviews and 50 case studies involving PWID were conducted.

### Results

#### Respondent Profile

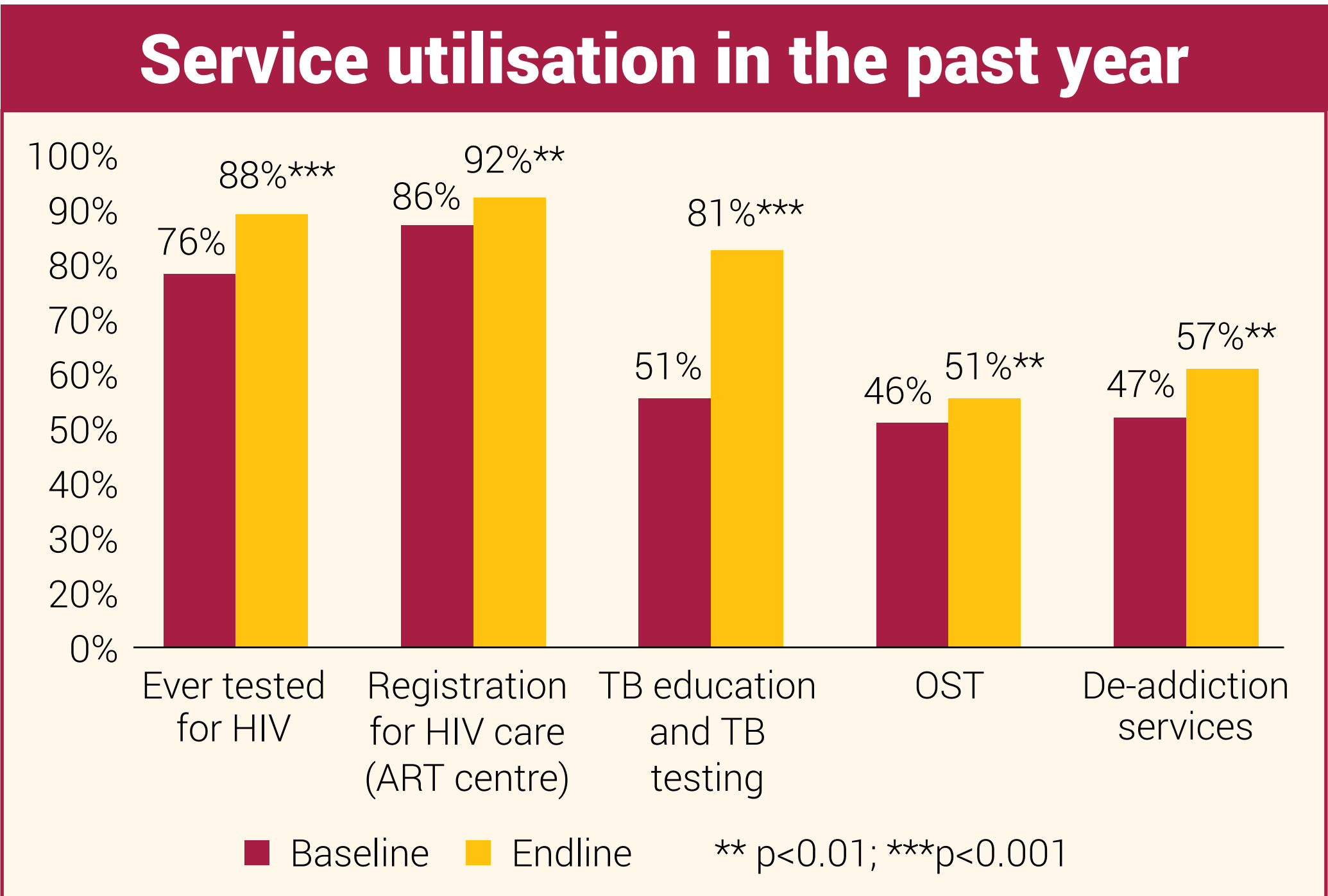
- Mean age was 31.7 years
- 51.4% were uneducated or had primary education
- 38.5% were unskilled workers
- 94.3% lived at home with a permanent partner
- 49.7% were married.

#### Increased HIV and Harm Reduction Services

Respondents received different services through Hridaya for an average of 12 months. Impact assessment reports showed significant increase in utilization of HIV-related services such as HIV testing, ART registration among HIV+ PWID, education/diagnosis of TB (51% to 81%), OST and de-addiction services in the past one year. (Figure 1)

#### Association of Family Support with Increased Service Uptake

- Family support to PWID increased significantly from 12% to 61% through Hridaya's additional outreach services. An association between family support and service utilisation was observed.
- Significant association between family support and HIV testing, registration with ART centers and OST uptake was also witnessed ( $p<0.001$ ).



### Conclusion

Complementary services resulted in increased uptake of HIV prevention, care, support and treatment services, including family support to PWID. Comparison with baseline figures shows a progressing trend, and continued efforts in this direction will ensure that additional services reach those in need.

#### Acknowledgements

India HIV/AIDS Alliance would like to thank the Ministry of Foreign Affairs, Government of Netherlands for funding Hridaya through the Community Action on Harm Reduction project. We thank Alliance Ukraine and International HIV/AIDS Alliance for their contributions to the implementation of the project. Alliance India acknowledges the efforts of the Hridaya implementing partners in Bihar Haryana, Jammu, Manipur and Uttarakhand. A special thanks to the PWID community members and PWID family members who were part of the project.

#### Contacts

Viswanathan Arumugam: [aviswanathan@allianceindia.org](mailto:aviswanathan@allianceindia.org)  
G Charanjit Sharma: [csharma@allianceindia.org](mailto:csharma@allianceindia.org)